

STATEMENT OF ECONOMIC INTERESTS



RECEIVED
Date Received
Official Use Only

MAR - 1 2013

CITY OF SANTA ROSA
CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) SWINTH (FIRST) ROBIN (MIDDLE) M
2013 MAR - 6 PM 11:49

1. Office, Agency, or Court

Agency Name

CITY OF SANTA ROSA COUNCIL MEMBER
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☒ City of SANTA ROSA ☐ Other

3. Type of Statement (Check at least one box)

- ☐ Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is / / , through December 31, 2012.
☒ Assuming Office: Date assumed 1/30/13
☐ Leaving Office: Date Left / / (Check one)
☐ The period covered is January 1, 2012, through the date of leaving office.
☐ The period covered is / / , through the date of leaving office.
☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- ☒ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement and the schedules attached herein and in any attached schedules is true and complete. I acknowledge that I am responsible for the accuracy of the information provided.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/11/13

(month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF BUSINESS ENTITY
AGILENT TECHNOLOGIES

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY COMPANY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☒ \$100,001 - \$1,000,000
☐ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$100,001 - \$1,000,000
☐ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
HEWLETT - PACKARD

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY COMPANY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☒ \$100,001 - \$1,000,000
☐ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$100,001 - \$1,000,000
☐ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
PFIZER INC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
PHARMACEUTICAL COMPANY

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$100,001 - \$1,000,000
☐ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$100,001 - \$1,000,000
☐ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____

1. BUSINESS ENTITY OR TRUST	
Name <u>ACCESS INGENUITY</u>	
Address (Business Address Acceptable) <u>3635 MONTGOMERY DR.</u>	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>SALES & CONSULTING</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/12 ____/____/12 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>Passive PARTNER</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	
<input type="checkbox"/> None	
<u>CALIFORNIA DEPT OF</u> <u>REHABILITATION, SANTA ROSA</u> <u>OFFICE</u>	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____	
Description of Business Activity or City or Other Precise Location of Real Property _____	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/12 ____/____/12 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST	
Name _____	
Address (Business Address Acceptable) _____	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/12 ____/____/12 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	
<input type="checkbox"/> None	
_____ _____ _____	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____	
Description of Business Activity or City or Other Precise Location of Real Property _____	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/12 ____/____/12 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____